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JUL 27 2006  
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7590                    05/02/2006  
TAROLLI, SUNDHEIM, COVELL,  
TUMMINIO & SZABO L.L.P.  
1111 LEADER BLDG.  
526 SUPERIOR AVENUE  
CLEVELAND, OH 44114-1400

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Lisa J. Bradley

(Depositor's name)

(Signature)

7/21/06

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/743,678	12/22/2003	Markus Kentz	TRW(ASG)6904 07/28/2006 MWOLDGE2 0000006 10743678	7798

TITLE OF INVENTION: GAS BAG MODULE

-01 FC:1501	1400.00 OP
-02 FC:1504	300.00 OP
-03 FC:A001	45.00 OP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	08/02/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
BROWN, DREW J	3616	280-736000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Tarolli, Sundheim,  
 2 Covell & Tummino LLP  
 3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

TRW Automotive Safety Systems GmbH                    Aschaffenburg, GERMANY

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

Issue Fee  
 Publication Fee (No small entity discount permitted)  
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 20 0090 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.       b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Matthew M. Shaheen

Date 7/21/06

Typed or printed name Matthew M. Shaheen

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